Utah Interpreter Program
Application for the Diagnostic Evaluation

Please print

DATE ___/___/___

Name   Last   First

CERTIFICATION LEVEL: _____

Address _____

City   State   Zip Code

Phone (home)   Phone (work)

Occupation   Employer

___/___/___

Date of Birth*   Social Security Number*   E-mail address

> ****PLEASE NOTE: This information is kept strictly confidential, and is used for background check and testing identification only!***

1. With which sign systems are you fluent? (Check all that apply)

    ___ American Sign Language   ___ Pidgin Signed English
    ___ Signed English   ___ Signed Exact English

3. Are you an Interpreter Training Program graduate?   Yes ___   Year _____   No ___

4. Name of School _____

5. How did you learn to interpret/transliterate, other than an Interpreter Training Program?

    _____
    _____

6. How many years experience do you have as an interpreter? (You may attach your resume)

7. Do you hold a State Certification/Quality Assurance?   Yes ___   No ___
    State where certified _____ Which certificate? _____ Year _____

8. RID Certified?   YES ___   Year _____   Type _____   NO ___

9. Name the type of interpreting in which you have gained the majority of your experience:

    _____
    _____